

11, 16. 21

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
						CLAIMS		
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/							
2		/						
3		/						
4		/						
5		/						
6		/						
7	/							
8		/						
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14		/						
15		/						
16		/						
17		/6						
18	/							
19		/						
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24	/							
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30	/							
31		/						
32		/						
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48								
49								
50								
<b>TOTAL IND.</b>	<b>2</b>							
<b>TOTAL DEP.</b>	<b>29</b>							
<b>TOTAL CLAIMS</b>	<b>66</b>							